



Total Loss Evaluation

DATE: _____

CLAIM NO.: _____

DATE OF LOSS: _____

INSURED: _____

VEHICLE OWNER: _____

ADJUSTER: _____

APPRAISER: _____

VEHICLE INFORMATION

YEAR/MAKE & MODEL: _____

COLOR: _____

MILEAGE: _____

ENGINE CYLS: _____

VIN: _____

LICENSE NO: _____

VALUE

BASE NADA CLEAN RETAIL _____

LIST UNRELATED PRIOR DAMAGE

+/- MILEAGE _____

+/- ADDITIONAL EQUIPMENT AND OPTIONS:

LOCATION OF VEHICLE

NADA TOTAL _____

LESS OLD DAMAGE _____

ADD'L ADJUSTMENTS _____

ACV _____

SALES TAX _____

DEDUCTIBLE _____

MISC. _____

TOTAL PAYMENT _____

PHONE _____

DATE SALVAGE CALLED _____

STOCK NO. _____

SALVAGE YARD _____

TOWING CHARGE _____

STORAGE PER DAY _____

SALVAGE VALUE _____

